STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155329	A. BUILDING _____ B. WING _____	C 07/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWALK VILLAGE	**1302 N LESLEY AVE INDIANAPOLIS, IN 46219**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint # IN00152229 This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/5/14. Complaint # IN00152229-Unsubstantiated due to lack of evidence. Survey Dates: July 21 & 22, 2014. Facility number: 000222 Provider number 155329 AIM number: 100274950 Survey Team: Tom Stauss, RN-TC Beth Walsh, RN Karina Gates, Generalist Census Bed Type: SNF: 11 SNF/NF: 138 Total: 149 Census Payor Type: Medicare: 42 Medicaid: 67 Other: 40 Total: 149 Sample: 3 Rosewalk Village was found to be in compliance with 42 CFR Part 483, subpart B and 410 IAC 16.2-3.1 in regard to the investigation of	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155329	A. BUILDING _____ B. WING _____	C 07/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 complaint # IN00152229. Quality review completed on July 23, 2014 by Cheryl Fielden, RN.	F 000		